	OF CAL	FORNIA EXPEN	SE C	LAIM	Traveler ID	See In Unit Gode	structions INA	and *Pri	/acy State	ement on R	ever	se Side	B	i	O YES	
STD. 262 (REV. 10/92) CLAIMANT'S NAME				2*10 See Not over Ni IMBER*								Page		of	Pages	
Karen Baker 20				cal Year 2008TEC1669 008-2009								OF				
Executive Director						CB/ID NO.: EXEMPT		California Volunteers							PCA # 11200	
RESIDENCE ADDRESS*				<u> </u>				1110 K Street Suite 210							TELEPHOI 916-32	NE NUMBER 3-7646
CITY					STATE		ZIP CODE	CITY						STAT	<u> </u>	ZIP CODE
	amen	,			CA	95	864	Sac	ramento	1				CA	958	
(1) MONTH/YEAR (3) Apr 2009 Li			LOCATION		(4)	(5)	MEALS		(6)	(7) (A)	(B)	NSPORTA (C)	(D)		(8)	(9)
(2) DATE	TIME WHE		HERE EXPENSES /ERE INCURRED		LODGING	BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT- TALS	COST OF TRANS.	TYPE	CARFARE, TOLLS, PARKING	PRIVAT	AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSI FOR DA
														\$0.00		\$0.0
4/15	0500 1830	Sac/Ont	ario/S	Sac		\$6.00	\$5.38						40	\$22.00		28.0
<u> </u>														\$0.00		\$0.0
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						\$0.00		\$0.0
· 	-													\$0.00		\$0.0
								······						\$0.00		\$0.0
														\$0.00		\$0.0
	_													\$0.00		\$0.0
	_													\$0.00		\$0.0
														\$0.00		\$0.0
	_													\$0.00		\$0.0
	-											1		\$0.00	-	\$0.0 \$
10)	-					TC 00	-0						?	22		28.0
		OTALS	H:1145K3	SHOW: NAME:	ka⊊a i⊊a	\$6.00	\$5.38 -						٠	22		\$33.3
		Lunn cod	MHHH	eligii wata	Ук ж ыт.)				<u>:::::::::::::::::::::::::::::::::::::</u>		<u>::::::::</u>	CLAIM	TOTAL	- \$	28.00 g	\$33.38
(11) PURF	POSE OF	TRIP, REMARK	S AND D	ETAILS (Attach	receipts/vouchers	when require	ed)						(12)	NOBMAL W	JEK HULIBA	
Attended Survive and Thrive Conference Tour 2009. Attended Diaster Corps Program Coordinator Meeting.											(13) PRIVATE VEHICLE LICENSE NUMBER 4ybd289					
									(14)	MILEAGE R	ATE CLAIMED	E CLAIMED				
								l AF	R 28	2009	Ľ		AGE		QUNTING € ONLY	OFFICE
							С			& RESEAR	CH		PAID E	REVOLVI	NG FUND CHE \$0	.55
privately o	wned veh	icle was used, ar	nd if milea	age rates excee	ne travel expenses ed the minimum rat by SAM Sections (e. I certify that 	t the cost of o	perating the v	ehicle was ed	qual to or greate	er than	the rate				
		IGNATURE	/	- So prescribed	2, 3, 4, 500,0018	DATE / 17 7	110	(16) SIG		OFFICER AFF			LAND P	AYMENT	DATE/. 2	7.00
17) SE/EC	(A) EYES	NSE ALITHORI	ZATION -	SIGNATURE	and TITLE (See Ite	9 レ em 17 on reve	rse)	TK	wa	アン・ひ	<u> </u>	WU	/		DATE DATE	, 0